Department of Mental Health (DMH)
Mental Health Services Act (MHSA)
INTEGRATED PLAN ADVISORY WORKGROUP
July 30, 2008

Summary
For Discussion Only

I. Background

The Mental Health Services Act (MHSA) became state law on January 1, 2005. The passage of the Act created the expectation of a comprehensive planning process within the public mental health system. The multiple components of the MHSA were designed to support one another in leading to a transformed, culturally competent mental health system. This is reflected in the California Department of Mental Health's (DMH) *Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act* of February 16, 2005: "As a designated partner in this critical and historic undertaking, the California Department of Mental Health will dedicate its resources and energies to work with stakeholders to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families. In its implementation responsibilities under the MHSA, DMH pledges to look beyond "business as usual" to help build a system where access will be easier, services are more effective, out-of-home and institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists."

The meeting summarized here, held on July 30, 2008 in Sacramento, was the second advisory workgroup meeting focused on DMH-developed Integrated Plans. Forty-seven (47) people were in attendance. This summary reflects the content, questions and comments from the meeting. In addition, at the end of the summary are position papers provided by stakeholder groups concerning the issues of the Integrated Plan.

II. Welcome, Introduction and Overview of the Process

Beverly Abbott, consultant to DMH, welcomed participants to the Integrated Plan Advisory Workgroup meeting. First, she reviewed the goals for the meeting, which were to:

1. Confirm that the revised Integrated Plan materials are responsive to feedback provided by stakeholders to DMH.
2. Clarify stakeholders' hopes/issues about the Integrated Plan and discuss any issues that are identified as not being addressed.

3. Solicit specific stakeholder feedback about the structure and content proposed for the Integrated Plan so that DMH can draft guidelines for review at the August 20 meeting.

III. Overview of Feedback from the June 30 Advisory Group Meeting and How It was Incorporated into Revised Materials

Carol Hood, DMH Assistant Deputy Director for Community Program Development, presented an overview of the feedback and DMH response from the first Integrated Plan Advisory Workgroup meeting held on June 30, 2008.

Workgroup Task: Advise the Department of Mental Health regarding:

- The development of the guidelines for the Integrated Three-Year Program and Expenditure Plan and the Annual Update.
- The requirements for the counties to submit a plan to DMH, or request funding.

The Timeline

- For this July 30 meeting, DMH provided a Table of Contents, some forms and a restructured approach for feedback about the discussion document and the specific structure and content of the Integrated Plan.
- By August 13, DMH will provide a draft of guidelines for the Integrated Plan in order to obtain workgroup feedback at the August 20 meeting.
- Following the August 20 meeting, DMH staff will revise the Integrated Plan guidelines, and post them on the website to solicit broader stakeholder input for a two week period, make final changes and distribute to the counties by September 30.
- By September 30, 2008, DMH will develop guidelines for the Integrated Plan and annual update that
    - Simplify
    - Move to indicators
    - Integrate components and MHSA into the public mental health system.

This is an aggressive timeline, designed to give counties as much time as possible without delaying the flow of funds from the state to the counties. Counties would have to submit their Integrated Plan by March 1 after their stakeholder process, including the 30 day local review process and public hearing, to give DMH/OAC four months to review and approve the plans, revise the county MHSA Agreements/contracts and make payments.

Major Themes from the June 30 Advisory Group Meeting and DMH Responses

- Theme: Move more quickly to the Integrated Plan.
    - Based on stakeholder recommendations from previous meeting, DMH proposes to implement the initial Integrated Three-Year Program Expenditure Plan for Fiscal Year (FY) 2009/10 - 2011/12. This will come into effect July 2009.

- Theme: Proposed design was confusing.
    - DMH revised its proposal to clarify distinctions between the Integrated Plan and Annual Updates.
- Theme: All counties should be on the same three year timeline.
    - DMH agrees. DMH considers this a developmental process and expects that this first three-year plan will lead to changes in the next iteration.
- Theme: Move to adult and children's system of care indicators soon.
    - DMH will provide reports on Full Service Partnerships (FSPs) beginning October 2008. These will initially provide background demographic information about individuals served. Later, the reports will expand to capture more data as they become available. DMH intends to provide outcome information on individuals served in FSPs by June 2009.
- Theme: Integration should include other systems beyond mental health.
    - DMH proposes that the guidelines for the Integrated Plan develop over time: to start simply and gradually add more information, as stakeholders are sure the information is needed. The initial focus will be on the continuing commitment to community engagement, integration of the MHSA components and of MHSA with the public mental health system and move to indicators. Then, MHSA will move toward integration with other systems.
- Theme: Clearly define "transformation" and develop indicators to determine progress.
    - DMH agrees. An inclusive stakeholder process will be established to accomplish this goal during this year. While the Act defines indicators based on the Adult and Children's Systems of Care, stakeholders have asked for indicators that measure broader issues of system transformation. DMH will organize a workgroup to address these, both to define them and determine how to collect the relevant information. Counties will have specific, unique local indicators, but there must be some statewide system indicators.

Revised DRAFT Integrated Plan and Annual Update Approach
DMH is moving to broader indicators in order to find a balance between supporting the counties in their work and assuring accountability at the state level.

- Reaffirm importance of local stakeholder process.
    - Information, both program and fiscal, will be simplified for web posting.
    - There will be the ability to electronically compile information.
    - There will be increased data reporting by DMH.
- Build on what counties have done previously. It is important to start simply. At this point, most counties have only the Community Services and Supports (CSS) component approved: it is important to acknowledge that MHSA implementation is still in the very early stages.
    - Once a program or project is approved, it remains approved, so that counties can increase the numbers of clients targeted and ask for additional funding without obtaining additional program approval.
    - Maintain the logic model for development of the Integrated Plan.

Terminology

- Planning Year: the year in which counties and their communities are developing the Three-Year Program and Expenditure (Integrated) Plan or Annual Update.
- Funding Year: the year of the funding request; the year following the planning year.
- Reporting Year: the year covered in the report of prior activities; the year prior to the planning year.

Stakeholder Questions and Comments

- **Stakeholder Question**: If another group will work on indicators, what indicators are included here under what authority?
    - **Response (Carol Hood (CH)):** The Integrated Plan will start with indicators that have already been agreed to by stakeholders or that are in the Act. For example, FSPs have indicators based on Adult and Children's Systems of Care, in terms of demographics, who is being served, the number of new clients, by ethnicity and race, gender and age.
- **Stakeholder Question**: What does it mean that "funding is based on county requests"?
    - **Response (CH):** For FY 2008-09, funding is based on an established policy that if a program has been approved by DMH, it remains approved, but the county funding is awarded in one year increments. Counties must request funding to continue the approved programs. Counties can increase the number of individuals served without any additional approvals from the state. If counties plan a new program, this program would need DMH or OAC approval.
- **Stakeholder Question**: What new requirements would new programs have that have not yet been approved?
    - **Response (CH):** That is the subject of the afternoon session. DMH hopes for robust discussions on the subject. What questions should we ask and what should we do with the information?
- **Stakeholder Comment**: I want to thank and congratulate the DMH for listening to stakeholder feedback and creating a more usable document.

Sections of the Integrated Plan Annual Update

Pat Jordan, DMH Consultant, presented information about the draft Integrated Plan document that came from the June 30 meeting. She noted that at the August 20 meeting, based on today's feedback, there will be a revised detailed draft.

The purpose of the Three Year Integrated Plan is to provide counties with the charge to bring stakeholders together to review progress and project future plans based on experience. It asks for a self-assessment. The proposed structure is to start simply and with each new iteration, every three years, increase the indicators to capture more details of progress so that stakeholders, including taxpayers, know how MHSA has helped people with severe mental illness in California.

DMH is seeking general and detailed feedback on the draft Integrated Plan document. What are the best questions that will result in the most useful information? DMH wants to obtain meaningful information without burdening counties with cumbersome reporting. Most of the counties will have implemented only one MHSA component by September 30, 2008. Therefore, integration needs be a developmental process. Also, counties have already reported on Calendar Year 2007 CSS activities.

Section 1. Community Planning Process
Purpose of this section:

- To document that counties have conducted an inclusive and robust planning process that meets statutory and regulatory requirements.
- To describe the effectiveness of the planning process with respect to key stakeholders:
    - Consumers and family members.
    - Cultural brokers.
    - Community organizations and agency partners.

Section 2. Transformation and Integration
Purpose of this section:

- To describe the county's vision of transformation.
- To place the MHSA plan and budget request within the county's broader vision of transformation.
- To describe how the implemented MHSA components relate to each other and to the entire public mental health system within the context of this vision.

Section 3. Report on Prior Year's MHSA Activities
Purpose of this section:

- To share with DMH and document how local stakeholders have been informed about:
    - Progress in implementation of components in terms of numbers of programs or projects implemented and service targets met.
    - A qualitative self-assessment on progress implementing the five essential elements.
    - The planning cycle in the first year will not include prior year's implementation progress, but will include progress in providing services to unserved and underserved with an emphasis on reducing ethnic disparities.

Section 4. Funding Request Summary for the Upcoming Year
Purpose of this section:

- To inform local stakeholders and DMH/OAC about the anticipated numbers to be served and costs for the services to be provided in the upcoming year. DMH is looking for information that is important for counties to share with their own stakeholders that will help them hold their counties accountable. This information will eventually be posted on the web and can be compared across counties.
- To assure DMH that the county is meeting fiscal statutory and regulatory requirements.

- To provide sufficient detail about proposed new programs for local stakeholders and DMH/OAC to understand how they relate to identified community needs/issues and the five fundamental concepts.
- DMH requests that the questions provide good information so that local stakeholders can hold counties accountable, assure that they meet statutory requirements, and provide stakeholders the opportunity to assess whether the plans meet the needs of the local communities.

Section 5. Report on Performance Indicators
Joan Meisel, Consultant to DMH, presented information about the indicators to be identified in the Integrated Plan. She noted that selection of appropriate indicators is a developmental process. The first set of indicators is very basic, abiding by funding requirements and planning requirements in MHSA. For the first Integrated Plan, DMH proposes seeking only two sets of data: FSP data that are available by September 30, 2008 and information on the number of new clients in the mental health system by age, ethnicity and gender. These data will provide based information which can be tracked over time. This information should be shared with local stakeholders. For the following year, there will be additional data requested, which DMH will disseminate, that will also be shared with the local stakeholders. Stakeholders will be able to respond to the data and use this information to update local plans. While dissemination and use of these data will help to share accountability responsibilities between counties and DMH, the real purpose of the information is to provide stakeholders at the county level with this information so that they can participate and hold their county accountable.

Purpose of this section:
- To inform local stakeholders and the state about whether or not the county is meeting statutory and regulatory requirements.
- To track and assess the county's progress in meeting desired goals and outcomes.

IV. Stakeholder discussion about hopes for the Integrated Plan and discussion of any issues not being addressed

Stakeholders were asked to discuss what issues were important to be included in the Integrated Plan. In addition, representatives of some advocacy groups had developed position papers, some of which are attached to the end of this summary. The representatives also presented a short summary of their organization's position. It was noted that the short timeline for the workgroup means that both DMH and the stakeholder groups have very limited time to respond to each other reflectively. Below is a summary of the comments from the meeting. When stakeholders asked questions that DMH responded to, the question and the response are included. Otherwise, stakeholders offered comments on their hopes and concerns for the Integrated Plan.

Integrated Plan Process and Detail
- Think about the review of the plan tied to distribution of funds: are they tied or can funding be approved before the plan itself?

- Produce data and comparisons that are not just meaningful for stakeholders in the mental health system, but for the taxpayer. There needs to be a strategy related to that. The taxpayers need to understand in order to support MHSA and consumers.
- The Oversight and Accountability Commission (OAC) has been waiting for a level of detail before commenting on the Integrated Plan and is now prepared to do so at its next meeting.
- It is great to be in a process to look at the MHSA process. Include in the plan a mechanism to continually review the process, in order to stay on top of what is working and what is not working.
- A goal is to have integrated budget decisions. The crises in terms of realignment funding have taken their toll: counties want to look at all their funding together. Counties need enough certainty that they can spend money on some programs and services. Maybe some money should be held back so that they can have some flexibility. What is reported after the fact might be a better place to obtain that detail. At the planning level, it might make more sense to look at what the county has, what it plans to receive and the gaps that result.
- On an annual basis, counties are required to report extensively on budget information and are audited at least two or three times. DMH has detailed information from counties.
- Include staffing detail. DMH needs to understand what staff is needed in CSS programs. The Integrated Plan should differentiate staff who are clients and family members, and contract and county providers. DMH needs to know what goals counties are setting in those areas as well as a baseline and goals for hiring of clients and family members.
- Develop a system to track the progress of consumer and family member employees, with existing measures.
- Services are the most important. Services translate to staff, so again, it is important to know the numbers or types of staff and staff to client ratios.
- Think about the purpose of the Integrated Plan: there are things counties, advocates, consumers, DMH all want to accomplish and no one wants to continue to make mistakes that have been identified. Assess why DMH is collecting information: will it result in improved outcomes? While it is important to know how many consumers and family members are working in the system, a detailed staff capacity chart does not seem necessary. Not everything can be achieved in the three year plan. Some things can be done outside the Integrated Plan guidelines.
- It will be interesting to see how the goal of simplification can be achieved, given all the comments shared at this meeting. The discussion and this goal need to find a comfortable way to work together. The intent of MHSA was to be bottom up rather than top down, so hopefully whatever happens enables communities to achieve that. Consider whether regulating is the way to do it, or through technical assistance.

Timeline

- **Stakeholder Question**: Will there be guidelines for counties that are not on time in submitting their Integrated Plan? It is likely that many counties will not be able to meet the March 1, 2009 deadline.

    - **Response (CH):**If a county is unable to meet the timeline and is unable to submit on March 1, 2009 their funding for FY 09/10 may be delayed until after July 1, 2009. DMH is aware that not all counties will be able to meet the timeline.
- **Stakeholder Question**: Will there be assistance to help counties that are behind to move forward?
    - **Response (CH):** There are a number of avenues of assistance, including a technical assistance program, as well as the County Mental Health Directors Association (CMHDA).
- **Stakeholder Question**: Stakeholders need to work with DMH on the timeline. It does not seem realistic that three and a half months is enough time for counties to conduct an adequate community planning process. Let us consider an interim submission for approval.
- To tie the FY 2008-09 money to the Integrated Plan is unrealistic. By July 1, most counties will not have completed their component planning processes. Think about what happens in terms of FY 2009-10 money. DMH has done a great job. The Integrated Plan is basically the next CSS plan. The original CSS guidelines should be incorporated into the Integrated Plan. This is the time to start the next CSS three-year process and it is likely that there will be significant money. There are several items that need to be included, such as outcomes. This time it is important to focus on FSPs – what they are, what kinds there are, how to make them work. The most important thing is that the counties have access to real time comparison of results for the Adult and Children's Systems of Care. That provides a valid basis for comparison.
- CMHDA believes that while it is important to move forward with the Integrated Plan in FY 20909-10, it is also important to recognize that in the first cycle, this first planning year will not be able to achieve a robust planning process. Counties have not completed planning for individual components. The direction, moving toward local accountability, is good.
- The California Council of Community Mental Health Agencies (CCCMHA) has prepared a response to the draft Integrated Plan document that focuses on how CSS can lead the process of integration of MHSA and other funding sources into the Adult and Children's Systems of Care. CCCMHA believes that a rushed schedule of implementation of the Integrated Plan will not lead to successful integration. In addition, it is anticipated that there will be a large influx of funding in FY 2009-10, which will encourage and demand comprehensive community planning efforts. There will be the opportunity to add additional FSPs, add more people in limited care, and bring in new people.
- While the OAC is always sensitive to moving forward efficiently, it believes that counties need time to do effective planning.
- The timeline is too challenging. What will happen to families when funding is late is unacceptable.

Transformation

- **Stakeholder Question**: Create a system that reflects the principles of MHSA and has enough flexibility to make changes, when data become available. Ask

stakeholders what counties are doing to reduce the two tier system. Ask counties how they would use the realignment dollars to transform the system.
    - **Response (Joan Meisel (JM)):** DMH plans to form a group in the coming year to discuss indicators of transformation, including how to avoid dual systems. This workgroup will come to some consensus about some simple indicators that counties can collect and use to measure progress.
- Include a question that addresses the two tier system.
- It is important to be very specific about the definition of "transformation." In the purpose statement, DMH says that the action of the integrated plan happens at the local level with input from the stakeholders. DMH should ask the county to share its vision of transformation. Make clear that transformation is not a one way thing. Change "stakeholders informed" to "stakeholders involved" – and build in accountability. The public mental health system is moving toward a community-based integrated delivery system overseen by collaborative governance involving consumers, families, local officials of agencies, providers and community-based organizations, which consolidates its resources through blended and braided revenue streams. Start the dialogue about how that will be done, as there are not yet good indicators. Stakeholders on all levels do not know what is meant by disparities and by reducing disparities: there need to be benchmarks. How can everyone make sure this happens? There has been incredible openness from the counties.
- One of the indicators is about quality improvement. Let's not keep doing what we did if it did not work. It is important to engage communities in quality improvement (QI), which is ongoing evaluation. How can this be done? This would be an indicator of transformation.
- Given that the public mental health system will never have the capacity to meet all of the mental health services needs in any county, community integration that promotes braided funding, leadership and resources and resource leveraging is key to address the huge unmet need and should be used as a Quality Improvement indicator. Integration should be a "two-way street." Counties should integrate services into the community and the community should be integrated into the county (simultaneous outreach and in-reach).
- Looking over three years, consider how counties might handle growth. When the growth happens, there needs to be a process. Fundamentally, treat the Integrated Plan as a comprehensive new CSS plan and use the plan as a means to help CSS integrate with other mental health funding.
- OAC wants more dialogue about what constitutes a transformed system.
- The California Network of Mental Health Clients (Client Network) is concerned that the biggest risk to MHSA is that it becomes a match for Medi-Cal exclusively. It needs to be a driver for transformation.

Family Members

- If DMH truly wants to be transformative, it will remember and act on the fact that families, especially of children with mental health needs, need support, even if it is just talking and acknowledgement or, better yet, a systems perspective that applies to families. Everyone needs to discuss this.

- Focus on the family, especially families with children and transition aged youth. The needs of their caregivers are essential.
- Family support is essential for families, especially families of color and with transition aged youth.
- It is important to keep mentioning the family: it is missing from the plan.
- Prevention and Early Intervention (PEI) includes family members and has a lot of discussion about including and supporting families. However, there does not seem to be a lot about how the system is going to support family units. Historically, families were seen as part of the cause of mental illness. In the medical model, they were seen as interveners. They need to be seen as essential to the recovery.
- PEI has always included the family as an important part of goals and services.
- Services to children should be services to children and their families.
- Where are families in looking at effectiveness? Listen to consumers and their families. This is a huge missing point and should be incorporated throughout the document.
- There still needs to be support peer and family support.

Community Planning Process and Stakeholder Input

- **Stakeholder Question**: What does DMH expect in terms of an inclusive and robust process: one like the original CSS process, a version of that or something less? The planning process has to end with sufficient time for the 30 day review process.
    - **Response (Pat Jordan (PJ)):** DMH will not dictate the length of the process or the number of people required to be involved. While many people felt that the CSS community planning process was a good experience, many thought it was not as inclusive as it could have been. DMH encourages counties to build on their experience: not necessarily repeat it, but look at where the problems or holes were and address them. DMH will not prescribe what has to happen but wants to know what stakeholders were at the table and what came out of the 30 day review process.
- **Stakeholder Question**: The initial year of the Integrated Plan will be unique because most counties are still planning their components and using community processes for these. How can counties shift to a community process for the Integrated Plan? The first year will be challenging.
    - **Response (PJ):** The first year will be very different from future ones. Counties are in the midst of planning for the various components and have used the logic models. The current component community planning processes can be documented. There is general agreement that counties cannot manage the component community planning processes at the same time as the Integrated Plan process.
- The Client Network appreciates the roles acknowledged for the community planning process, with DMH in oversight, with counties embracing it and engagement with stakeholders. However, if stakeholder input is not included in a county plan, then the county has not done its job. That input needs to inform the process.
- It is important to look beyond community collaboration to integration into the community and with the mental health community and with consumers and family members. It would be preferable to expand existing stakeholder processes and

quality improvement efforts rather than create new ones. These might include the mental health boards. Build on what we already have.

- Strengthen the consumer and family member voice throughout the whole process. When the Integrated Plan asks about stakeholders, there needs to be documentation of involvement. Consumers and family members need to speak for themselves. Only the stakeholders can measure effectiveness of the planning process. That measurement should be included in the Integrated Plan. The youth voice also needs to be included.
- Peer support is very important. It is important for stakeholders to have an ongoing stake in the process. Consumers need to be included throughout the process. This is the transformational strategic direction that is crucial to avoid crisis driven services.
- Build the quality improvement aspect of stakeholder involvement into existing processes, such as expanding local mental health boards and the annual Performance Outcomes and Quality Improvement (POQI) survey, rather than adding other siloed stakeholder processes.
- Different counties will have different indicators. The counties are encouraged by conversations that show movement toward achieving an integrated system and that honor the locally driven process. Empower counties to build on local accountability structures. Design a three year strategic process that empowers stakeholders. This can not be done in the first year, but it can be started.

Indicators

- At this point, MHSA already has indicators in the Welfare and Institutions Code (WIC) from the Adult and Children's Systems of Care. Stakeholders want more indicators, in terms of reducing disparities, but there is already a wonderful starting point. MHSA can help establish a transformational strategic direction as set by stakeholders.
- Look at the correct indicators that focus on solid information to help transform the system for transition aged youth. Continue to keep data separate for transition aged youth. Look at FSPs for transition aged youth in terms of education, housing, living situations, work through age 25. The transition into the adult system is rocky.
- Track whether programs are actually serving transition aged youth adequately, on a continuous basis, indeed whether they are actually working.
- OAC has a sense that indicators are not developed enough.
- In terms of performance indicators and systems collaboration, there has been some mention of older adults system of care pilot projects: these are different from the Adult System of Care. There are already indicators for older adults.
- DMH should track indicators about people who are incarcerated or jailed.
- The proposed performance measures workgroup will be important in establishing some important definitions and how to measure. This important work requires two different types of skills or expertise. Then, the work using these two skills needs to be integrated.
- Use existing performance indicators, e.g., mental health board membership, POQI, systems of care.

Funding

- There is no mention about system development funds. Can those funds be used to get people into FSP?
- People are being served with funding primarily from Realignment. MHSA is important because it has the ability to augment and transform programs into FSPs. How do counties plan to do this? This information seems important.
- CMHDA believes that MHSA, and the 25% of overall mental health funding that comes from MHSA, can be a tool to create a community-based mental health system that empowers the local community – by setting broad parameters about what they need.
- MHSA and the Integrated Plan have the opportunity to transform the mandatory programs funded with Realignment dollars, which is insufficient to fund mandatory services.
- For children's mental health, MHSA can fill in the gaps left by special education, Medi-Cal and child welfare. Therefore MHSA can help fill in the remaining pieces in a FSP. Not all children with high needs are being served.
- Given the state of the federal and state budgets, all funding should be considered during planning, not just MHSA. Given that many counties are having to cut back to their mandated target populations that meet medical necessity and therefore qualify for Medi-Cal, all funding should be considered so that as much need can be met with the given resources.
- The initial FSPs started at the high end of services, which not everyone needed and which gradually becomes more service than is needed for people who are responding well to the services. CCCMHA has identified four different levels of services and needs and resultant expenditures of FSP and encourages the documentation of how many people are at each level. This establishment of a graded return to independence would free up funding to serve more people.

Reducing Disparities/Cultural Competence

- The most transformative aspect of this enterprise is that it will reduce disparities in access and improving care. That is front and center of MHSA. As the model evolves, in addition to a wellness focus, it will have a focus on reducing disparities. Cultural competence is important insofar as it reduces disparities.
- The Cultural Competence Plan requirements, which are now available in draft form, must not stand outside the Integrated Plan, but be an integral part of it. The cultural competence plan is based on national standards. This Integrated Plan appears to only count the number of new clients, instead of taking into account issues of cultural competence. It does not currently address inclusive issues of whether people of all communities in need are appropriately served. While it needs to be within a doable process, there needs to be guarantees of cultural and linguistic competence and client and family member integration. Those are the backdrops of how to reduce disparities. How is the cultural competence plan going to be integrated into the integrated plan? What is the background needed to do this work?
- Because the population of transition aged youth is 50% racial and ethnic minority, of whom 41% are Latino, it is essential to make sure programs take that into account.

Look at the rate of attrition for communities of color: even when programs can bring transition aged youth of color into services, they often cannot keep them.
- It is heartening to see data breakouts on ethnicity combined with a focus on reducing disparities. Children in the child welfare system need access to mental health services. At the same time, it is important to acknowledge that there are many children who are unserved who could benefit from prevention services to keep them out of the child welfare system. There is a whole group of African American children who are not served.

Collaborations
- OAC is interested in working with other systems outside the mental health system and believes now is the time to take all the lessons learned and develop relationships in cross-systems collaborations.
- In PEI, there is a principle of collaboration in sharing resources and educating other systems. Include this in the Integrated Plan.
- Primary care health providers are not sure where they fit into the Integrated Plan discussion and would like to stay on the radar as the system is transformed, along with education, and the Department of Corrections. Primary care providers serve many people who have mental health needs that are underaddressed within the primary care system. Consumers in the mental health system have primary care health needs that are also underaddressed. In addition, it has been shown that people with mental health needs have a shorter life expectancy because their health needs are not addressed. The California Primary Care Association (CPCA) would like to be engaged in this discussion, whether on the county or state level.
- Think across systems. One of the most challenging aspects for people with serious mental illness (SMI) is truncated life expectancy. Primary care is often the entry point for many people. Oral health is often left out of the whole process, although the health implications and suffering from poor oral health are considerable.

V. Addressing the Timeline Question

Ms. Hood noted that there were conflicting messages given by stakeholders at the last meeting and this meeting concerning the speed with which the Integrated Plan should be developed and implemented. She invited a small group to meet during the lunch break to develop a proposal to resolve the tension between the need to move quickly and the time counties realistically need to plan. At this small group discussion, there was an interest in having an authentic robust planning process for the integrated Three-Year Program and Expenditure Plan that would not be possible with the timeline as developed by DMH. The group agreed to recommend to DMH that this coming year, FY 2009-10, counties would use an Annual Update for all components which is similar to the FY 2008/09 update for CSS; the Integrated Plan workgroup would continue on the same schedule to determine the content of the Integrated Plan, which would be implemented in FY 2010-11 for the first time. The Annual Update will include all components in operation.

Previous	Revised

• Integrated Plan guidelines released 9/30/08
  o Integrated plan for 2009/10-2011/12
• County submission of 3 year plan 3/1/09
  o County planning, plan development and review/hearing – 5 months
Develop system indicators 6/09
	• FY 09/10 funding based on simplified Annual Update, guidelines released 9/30/08
	• Integrated plan framework completed 9/30/08, plan guidelines finalized 7/1/09
	  o County planning, plan develop and review/hearing – 8 months
	  o Workplan/pathway provided at 8/20 meeting
	  o Integrated Plan for FY 2010/11-12/13
	• System indicators to be included in integrated plan
	• Clarity regarding process, timeframes, linkage of cultural competence plan with the Integrated Plan.

Stakeholder Questions and Comments

Process

- **Stakeholder Comment**: From a county lens, this process will provide a framework for counties to move to their Integrated Plan and do so as they are ready between FY 2009-10 and 2010-2011.
- **Stakeholder Question**: DMH will have 58 plans to approve in four months. This is too short a timeline for staff.
  - **Response (CH):** This process will be streamlined. DMH's approval timeline is not expanded. But there was originally going to be a very in-depth plan and this version is abbreviated. It is important that counties be in sync with their overall budget process. The public mental health system has functioned for so long on a crisis timeline and has to move out of the mindset.
- **Stakeholder Question**: Would the Annual Plan collapse all components for FY 2009/10 into one central place with simplified ways to describe them?
  - **Response (CH):** Yes. A one page description would be required for approved programs. DMH wants to expand the MHSA website information to include one page descriptions of county programs. People will be able to see their own county, the amount of money it has and descriptions of programs. There will need to be more information for new programs.
- **Stakeholder Question**: There is still a fear that the original CSS process is being opened. Can counties bring in new programs without a community planning process? We would like to see the system of care outcome data come out soon.
  - **Response (CH):** New programs must have community input. DMH agrees and will release this FSP data as soon as possible. Possibly at the next meeting, DMH will propose timeframes.
  - **Response (PJ):** At the next meeting on August 20, DMH will have a draft of Annual Update guidelines and an Integrated Plan framework and a pathway of how we will reach both the Annual Update and Integrated Plan.

- **Stakeholder Question**: The Integrated Plan will therefore be different from the original plan, because counties will be further along than they will be this year.
    - **Response (CH):** Yes, but it is likely that the guidelines will be built upon the FY 09/10 annual update guidelines.
- **Stakeholder Comment**: It will be necessary to know the amount of unspent money from the various components and how it will be spent. There might need to be additional workgroups, for example on integrating age groups, in order to develop as robust and responsive a tool as is needed.
- **Stakeholder Question**: It is good to be moving to indicators. However, other goals of the Integrated Plan were to simplify and streamline. There are many things that need to be done, but the Integrated Plan may not be the best place to do those things. It may not be the "golden ticket."
    - **Response (CH):** What the county writes in its plan is not the only way to move toward an integrated mental health system. It is important to identify the core items that need to be in the plan.
- **Stakeholder Question**: What will happen to indicator development?
    - **Response (CH):** For example, in terms of cultural competence, the new cultural competence plan will be the overarching document on the subject and the local community process for developing the Integrated Plan will use it as a resource it as needed. The Integrated Plan will also look at the workforce assessment and census data, rather than rewriting the cultural competence plan or workforce data to meet the needs of the Integrated Plan. Also, DMH is also considering establishing a workgroup to develop indicators and measurements.

Stakeholder Involvement

- **Stakeholder Question**: The Client Network wants to be more involved in the process. It would be helpful to have more input as everything moves forward.
    - **Response (Bev Abbott (BA)):** Phone calls with different groups might help. Pat Jordan and Bev Abbott could help with this.
- **Stakeholder Comment**: Workgroup members received the draft Integrated Plan document last week, which makes it hard for stakeholder groups to respond, to check in with their membership. It would be great to have enough time to send the position papers to DMH for its review in a timely manner.

Timeline

- **Stakeholder Question**: What is the new deadline fo county submission of the Integrated Plan?
    - **Response (CH):** The new deadline will be March 1, 2010. One of the pluses of changing to a March 1 timeframe is that it matches county budget timeframes. At the same time, the OAC and DMH will have to develop a way to approve all the plans in a timely fashion.

Transformation

- **Stakeholder Comment**: I was impressed with how today went. The manner with which DMH changed and looked at better options is systems change and this is great. We are developing empowered relationships with each other.

VI. Small Group Discussions

The participants then held discussions in small groups to address specifics about what is missing and what can be simplified in the draft document for the Integrated Plan.

Section 1. Community Planning Process

What is missing?

Revise Specific Sections
- 1.b. 1. The list does not include clients, family members, youth and communities. Also add a category that is 'other'.
- 1.b. 2. A definition of effectiveness is missing. Ask who is evaluating the effectiveness. Effectiveness should be from the stakeholders' perspective with a follow-up stakeholder evaluation.
- 1.b. 2. Define "effectiveness." Look at the attrition rate of stakeholders.
- 1.b. 2. Create an Evaluation of Planning Process form. Improve Summary of Evaluation.
- 1.b. 2. Add "inclusive and transparency" to #2, page 3.
- 1.b. 3. Needs language to describe how the county addresses dissenting voices in the stakeholder input process.
- 1.b. 2. Add age specific populations. Add a bullet "e" to include systems external to mental health, i.e., Aging, Criminal Justice, etc.
- Define "transformation".

Process of Community Engagement
- Need more transparency in planning/decision making.
- Describe how the county used the information they gathered during the community planning process.
- What does the county do with the feedback? Find patterns to use in future guidelines.
- Need a mechanism to ensure that the plan reflects input from stakeholders, and balances administrative needs with community needs.
- What is being done to reach people who do not speak English?
- Describe different communication strategies that were used in the planning process.
- Have more than one plan review date or meeting.
- Document the process to inform, post and collect comments and determine which comments will be accepted.
- Describe what happened that is new in the stakeholder process.
- Develop a statewide stakeholders satisfaction survey.

Stakeholder Involvement

- A stakeholder's letter of support for workplans would document an inclusive and robust process.
- Distinguish between "outreach" and "engagement."
- Ask questions to determine the extent that the Plan does or does not reflect the community input. If it does not, what happens?
- Describe how the Integrated Plan reflects the views of the community and what mechanism was used when conflicts arose.
- Identify groups of stakeholders. What are the different levels of "communities"? For example, community-based agencies, government agencies, provider networks, community members, and employers are all missing, as is "media" in the "provider network". Faith-based groups are missing.
- Counties need to identify and prioritize catchment area populations they are serving.

What can be simplified or eliminated?

Specific Sections

- 1.b. 1. Does DMH really need all the information requested in this section? Some of this belongs under Transformation and Integration.
- I. b. 2. b. Replace "cultural brokers" with "multicultural communities."
- Is the intent of the Annual Update to make the reporting as detailed as for the Integrated Plan? (See "Structure" on page 2.) Clarify requirements for Integrated Plan vs. Annual Update.

Other Changes

- Do not just reference regulatory sections, rather paraphrase the requirements.
- Rename the section "community planning and engagement process" and include ongoing strategies to engage stakeholders.
- Have a stakeholder's report card to grade the county's effectiveness in the community planning/engagement process.
- Eliminate some of the narrative, thus facilitating standardization and measurement.
- What can we live with now, and what are we trying to get to?

Section 2. Transformation and Integration

Rewrite the section in the following way:
Briefly describe:

- How you are using MHSA funds to achieve system transformation in each of the five principles (wellness focus, cultural competence, and community collaboration, client/family driven, integrated service experience).
- How you are using all funding sources to achieve integration and system transformation in each of the five principles.

What is missing?

Specific Sections

- 2.3. Needs to be clearer and more specific.

- 2.4. Add: How do you plan to work with system partners external to mental health to leverage resources to build capacity and to collaborate?

Questions to Ask
- What is the vision of transformation? What would it look like?
- Ask for a definition of transformation.
- Document the paradigm change from the old system of 'fail first.'
- Ask what has happened and who has been served?
- What should the system provide and what would that look like?
- Ask about the core fundamental principles: ask counties to address those areas.
- Ask for a vision of what the county wants the system to be.
- What kind of system works in the specific community?

Other Components and Indicators of Transformation
- How full is the array of services in an FSP?
- Needs to be informed by performance outcomes.
- Use client employment as an indicator. Are the clients who are served employed?
- Use indicators in the statute: employment, living status, staying out of hospitals and incarceration.

General Comments
- People need options or choices.
- If people do not get what they are looking for, they become discouraged.
- Pay attention to trauma survivors.
- Transformation needs to be a verb.
- People need training on strategic planning.
- The five principles should drive the transformation.

Definitions
- State parameters for transformation. Communicate DMH expectations.
- Spell out core elements of transformation.
- Distinguish between "integration within" and "integration across."
- Transformation: from fail first to help first.
- Term is too loose and not helpful.
- Integration vs. transformation: should not be dropped?

What can be simplified or eliminated?
- 2.a. Do not separate 1, 2 and 3.
- Counties want to do their own planning process.
- The questions are okay, but relate more to a three year plan than an Annual Update.
- Balance the need for information against the extra paperwork asked of the counties.

Section 3. Report on Prior Year Activities

What is missing?

Specific Sections

- 3.b. ii. Add 'that leads to transformation' to 'Qualitative self-assessment on progress' in implementing the five essential elements of system transformation.
- 3.b. iii. Add assessment from the stakeholders about how the process is going. Develop qualitative assessments from the consumer perspective. Add strategies to improve in the Evaluation section.

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Measurements

- Measure what is happening with people in FSPs compared to others as well as a comparison of the costs.
- The key measurements should be about FSP perspective and focus.
- Ask how quickly the county is moving people in FSPs to lower levels of care.
- Use system and community data: reducing out of home placement and incarceration.
- How many non-Medi-Cal clients are enrolled in MHSA or identify new MHSA clients by prior payor source?
- Tie assessment/progress reporting about needs/priorities by age group that was originally identified in the community planning process.
- What would the county propose to assess cultural competence?

Methods of Acquiring Information

- Review data and compare with others.
- Develop a report card for stakeholders to grade the county's progress toward transformation (using the five principles).
- County by county comparison is not enough. It should be program by program and agency by agency, including contractors. Make the comparison available to the provider and consumers.
- Have a "State of the MHSA Plan," similar to a State of the State or State of the City, with developed indicators. Post it in places that are readily available.

Community, Client and Family Member Involvement

- Add the voices of children, youth, families and consumers.
- Make sure communities and counties are sharing and soliciting the view from stakeholders.
- Stress consumer and family member involvement.

What can be simplified or eliminated?

- 3.b.iv. Move this to Community Planning Process section and add some substance, i.e., not just evidence of sharing, but specificity such as "Evidence of sharing of state-provided data with stakeholders during the planning process (see indicators for Year Two)."
- 3.b., ii and iii should be eliminated from Annual Update, but are okay for three-year plan.
- Narrative regarding challenges should be required only for three-year plan, not annually.

- Minimize number of indicators. This should be the task of another workgroup.

Section 4. MHSA Funding Request Summary

What is missing?

Forms and Format
- Forms do not tell the public anything they would be interested in knowing.
- Ask for charts and graphs to explain how dollars are being spent.
- Add a column for numbers served, total served and funding amount.

Questions to Ask
- The community requires a level of detail that will allow them to hold the county accountable. However, DMH should not require that same level to do its own oversight.
- Put guidelines to solve System Development problem.
- Capture numbers of people previously served.
- What was the process for funding decisions?

Staffing Detail
- For new programs, DMH should ask about staffing with criteria, including related experience; description of services, i.e., what constitutes a client-run center?
- 4.d. Include staffing detail sheet identifying county, contract and client/family member staff.
- Ask for detailed staffing for new workplans.

General Comments
- The 30 day comment period must allow for anonymous comments.

What can be simplified or eliminated?
- Collapse some of the information in Exhibit 6 and put on face sheet.
- Link FSP, System Development and Outreach and Engagement columns to outcomes.
- Put less focus on fiscal reporting and more focus on performance outcomes.

Section 5. Report on Performance Indicators

What is missing?

Specific Sections and Definitions
- Year 1 - 5.3. Change “majority” to 51% for PEI.
- Year 1 - 5.9. If DMH asks this, be sure the information is available and county systems are capable of providing it. Move to Year 2.
- Year 2 - Move 5.7 in Year 2 to Year 1.

- Define “new admissions.”

Questions to Ask

From statute:

  - WIC 5610: Data Reporting
  - WIC 5611: Performance Outcomes Committee
  - WIC 5612: Evaluation of Performance Measures
  - WIC 5613: Performance Measures Reports
  - WIC 5614-5: Indicators of Access and Quality
  - WIC 5650: County Performance Contract
  - WIC 5651: Performance Contract Contents.
- Outcome data in addition to baseline data in Year 1, i.e., hospitalization, incarceration, housing, etc.
- Quality of services and whether the services match the need.
- Who is present for stakeholders and what was the process to bring the right groups in? How do we measure community engagement and whether decision making is driven by the process?
- What new outreach strategies for CPP were implemented? What new empowered relationships were created with ethnic, system and other groups?